(512)463-5800

P.O. Box 12070

PERSONAL FINANCIAL STATEMENT FORM PFS **COVER SHEET** PAGE# Filed in accordance with chapter 572 of the Government Code. Page 1 of 12 For filings required in 2013, covering calendar year ending December 31, 2012. ACCOUNT# 00037510 Use FORM PFS - INSTRUCTION GUIDE when completing this form. TITLE, FIRST, MI 1 NAME OFFICE USE ONLY **JOAN** Date Received RECEIVED NICKNAME, LAST, SUFFIX **HUFFMAN** JUN 1 1 2013 mx 2 ADDRESS **Texas Ethics Commission** 3375 WESTPARK DR Receipt # #135 HD (PM) (Amount HOUSTON, TX 77005-4262 Legal Date Processed (CHECK IF FILER'S HOME ADDRESS) ROCESSED JUN 1 1 2013 3 TELEPHONE AREA CODE NUMBER; EXTENSION Date Imaged NUMBER (713) 805-3473 4 REASON FOR FILING CANDIDATE ______ (INDICATE OFFICE) STATEMENT X ELECTED OFFICER STATE SENATOR DISTRICT 17 (INDICATE OFFICE) APPOINTED OFFICER ______ (INDICATE AGENCY) ☐ EXECUTIVE HEAD ______ (INDICATE AGENCY) ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT STATE PARTY CHAIR ______ (INDICATE PARTY) OTHER _____(INDICATE POSITION) Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity): KEITH LAWYER SPOUSE ____ DEPENDENT CHILD 1. In parts 1 through 18, you will disclose your financial activity during the calendar year. In parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity. COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY R: 57582S 13

1-800-325-8506

Austin, Texas 78711-2070

SOURCES OF OCCU	JPATIONAL IN	COME		PART 1A
☐ NOT APPLICABLE				
When reporting information about providing the number under which	t a dependent child's acti n the child is listed on the	vity, indicate the child Cover Sheet.	d about whom you are reporting	by
1 INFORMATION RELATES TO	X FILER	☐ SPOUSE	☐ DEPENDENT CHILD	
2 EMPLOYMENT	NAI		EMPLOYER / POSITION HELD	
X EMPLOYED BY ANOTHER	(Check if Filer's Home Address)			
	AUSTIN, TX			
	STATE SENATOR			
SELF-EMPLOYED	POLITICAL OFFICE	NATURE OF	OCCUPATION	
co	PY AND ATTACH AD	DITIONAL PAGES	AS NECESSARY	

exas Ethics Commission	P.O. Box 120	70 Austin, Texas 78	3711-2070	(512)463-	5800	1-800-32	:5-850
STOCK						PART	2
■ NOT APPLICAB	LE						
and indicate the categ	ory of the numbent of the net gain	your spouse, or a depe or of shares held or acq or loss realized from th	uired. If some or al	I of the stock was sole	d, also ind	idar year icate the	
When reporting inform providing the number	nation about a de under which the o	pendent child's activity, child is listed on the Co	, indicate the child a over Sheet.	bout whom you are re	eporting by	ý	
BUSINESS ENTITY	,	UNITED DEVELOPME		AME O			
STOCK HELD OR A	ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	.D		
NUMBER OF SHAF	RES	☐ LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	⊠ 500 TO 999	1,000	TO 4,999	
F SOLD	☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	10,000 - \$24,999	\$25,00	00OR MO	RE
Advantage of the second							PACEMENTAL

MUTUAL FUNDS				PART 4
☐ NOT APPLICABLE				
List each mutual fund and the number acquired during the calendar year asome or all of the shares of a mutual from the sale. For more information When reporting information about a providing the number under which the	ind indicate the category on al fund were sold, also indi n, see FORM PFSINSTR dependent child's activity.	f the number of shai cate the category of UCTION GUIDE , indicate the child al	res of mutual funds he the amount of the ne	eld or acquired. If et gain or loss realized
¹ MUTUAL FUND	WELLS FARGO ADVAN	NAF FAGE DJ TARGET 20		
² SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	X FILER	SPOUSE	DEPENDENT CHIL	D
³ NUMBER OF SHARES OF MUTUAL FUND	X LESS THAN 100 ☐ 5,000 TO 9,999	☐ 100 TO 499 ☐ 10,000 OR MORE	□ 500 TO 999	☐ 1,000 TO 4,999
4 IF SOLD NET GAIN NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	\$25,000OR MORE
COP	Y AND ATTACH ADDIT	IONAL PAGES AS	NECESSARY	

P.O. Box 12070

INCOME FROM IN	TEREST, DIVIDEN	IDS, ROYAL	TIES & RENTS PART 5
☐ NOT APPLICABLE			
	nd rents during the calendar y		cess of \$500 that was derived from category of the amount of the income. For
When reporting information about providing the number under wh			about whom you are reporting by
¹ SOURCE OF INCOME	UNITED DEVELOPMENT	NAME AND AD FUNDING III, LP	DRESS
	1201 MUNICIPAL WAY SUITE 100 GRAPEVINE, TX 76051		
² RECEIVED BY	X FILER	SPOUSE	DEPENDENT CHILD
³ AMOUNT	X \$500 - \$4,999	55,000 - \$9,999	\$10,000 - \$24,999 \$25,000OR MORE
	CODY AND ATTACH ADDIT	TIONAL DAGES AS	NECESSARY

PERSONAL NOTES A	AND LEASE AC	KEEMEN I S		PART
Identify each guarantor of a loan at a dependent child had a total finan agreement at any time during the ction, see FORM PFSINSTRUCT! When reporting information about a providing the number under which	cial liability of more than calendar year and indicate ON GUIDE a dependent child's activi	\$1,000 in the form of e the category of the ty, indicate the child a	a personal note or no amount of the liability.	tes or lease . For more informa-
¹ PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GILLERAN, DEBRA			
² LIABILITY OF	X FILER	SPOUSE	DEPENDENT CHIL	_D
³ GUARANTOR				
4 AMOUNT	\$1,000 - \$4,999	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
COF	PY AND ATTACH ADDI	TIONAL PAGES AS	NECESSARY	

INTERESTS IN REAL	PROPERTY			PART 7A
☐ NOT APPLICABLE				
Describe all beneficial interests in calendar year. If the interest was a For an explanation of 'beneficial in INSTRUCTION GUIDE.	sold, also indicate the ca	tegory of the amoun	it of the net gain or loss	realized from the sale.
When reporting information about providing the number under which			d about whom you are r	eporting by
¹ HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHIL	_D
2 STREET ADDRESS NOT AVAILABLE CHECK IF FILER'S HOME ADDRESS	3315 RICE BLVE HOUSTON, TX 77005 HARRIS	STREET ADDRESS, INCLUDI	NG CITY, COUNTY AND STATE	
³ DESCRIPTION	NUMBE	R OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCAT	TED
☑ LOTS ☐ ACRES	1 lot HARRIS			
4 NAMES OF PERSONS RETAINING AN INTEREST NOT APPLICABLE (SEVERED MINERAL INTEREST)				
5 IF SOLD ☑ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	X \$25,000OR MORE
HELD OR ACQUIRED BY	▼ FILER	X SPOUSE	DEPENDENT CHIL	_D
STREET ADDRESS		STREET ADDRESS, INCLUDI	ING CITY, COUNTY AND STATE	
☐ NOT AVAILABLE ☐ CHECK IF FILER'S HOME ADDRESS				
DESCRIPTION		ER OF LOTS OR ACRES AND	NAME OF COUNTY WHERE LOCA	TED
	1 lot HARRIS			
NAMES OF PERSONS RETAINING AN INTEREST				
NOT APPLICABLE				
(SEVERED MINERAL INTEREST)				
IF SOLD				
☐ NET GAIN ☐ NET LOSS	LESS THAN \$5,000	\$5,000 - \$9,999	\$10,000 - \$24,999	☐ \$25,000OR MORE

P.O. Box 12070

INTERESTS IN BUS	SINESS ENTITIES		PART 7B
☐ NOT APPLICABLE			
calendar year. If the interest wa For an explanation of 'beneficial INSTRUCTION GUIDE	s sold, also indicate the categ interest' and other specific di	gory of the amount or rections for complet	spouse, or a dependent child during the of the net gain or loss realized from the sale. ing this section, see FORM PFS
providing the number under which			bout whom you are reporting by
¹ HELD OR ACQUIRED BY	X FILER	X SPOUSE	DEPENDENT CHILD
² DESCRIPTION	LL RANCH PARTNERS, LT 2211 NORFOLK ST SUITE 820 HOUSTON, TX 77098	,	ADDRESS Home Address)
³ IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$5,000	\$5,000 - \$9,999	☐ \$10,000 - \$24,999 ☐ \$25,000OR MORE
Co	OPY AND ATTACH ADDIT	IONAL PAGES AS	NECESSARY

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

ASSETS OF B	USINESS ASSOCIATIO	NS		PART 11A
☐ NOT APPLICABLE				
corporation, professional dent child held, acquired of the assets. For more When reporting informat	ich coporation, firm, partnership, limited I association, joint venture, or other bus I, or sold 50 percent or more of the outs information, see FORM PFSINSTRUCTION about a dependent child's activity, ir der which the child is listed on the Cove	iness association tanding ownershi CTION GUIDE. ndicate the child a	n in which you, your spou ip and indicate the catego	se, or a depen- ory of the amount
¹ BUSINESS ASSOCIATION	NAME AND LL RANCH PARTNERS, LTD. 2211 NORFOLK ST SUITE 820 HOUSTON, TX 77098	ADDRESS	(Check if Filer's Home Address)	
² BUSINESS TYPE	FAMILY LIMITED PARTNERSHIP			
³ HELD, ACQUIRED, OR SOLD BY	☑ FILER [X SPOUSE	☐ DEPENDENT CHILD	
⁴ ASSETS	DESCRIPTION LAND - 346.887 ACRES, COLORADO (ABSTRACT NO. 190, VOL 459, PAGE 2	COUNTY, TX -	İ	GORY \$5,000 - \$9,999 \$25,000OR MORE
	BUILDINGS AND LAND IMPROVEMEN		LESS THAN \$5,000	\$5,000 - \$9,999 \$25,000OR MORE
	MACHINERY AND EQUIPMENT		LESS THAN \$5,000	\$5,000 - \$9,999 X \$25,000OR MORE
	LIVESTOCK		LESS THAN \$5,000	\$5,000 - \$9,999 X \$25,000OR MORE
	CASH IN BANK ACCOUNTS		LESS THAN \$5,000	
	COPY AND ATTACH ADDITIO	NAI PAGES AS	SNECESSARY	

LIABILITIES O	F BUSINESS ASSOCIA	ATIONS		PART 11B
☐ NOT APPLICABLE				
corporation, professiona dent child held, acquired of the liabilities. For mo When reporting informat	each coporation, firm, partnership, lind association, joint venture, or other but, or sold 50 percent or more of the original resident of the original resident and the color of the color	ousiness associa utstanding owne TRUCTION GUI v, indicate the ch	ation in which you, your spou ership and indicate the catego DE.	se, or a depen- ory of the amount
¹ BUSINESS ASSOCIATION	NAME AI LL RANCH PARTNERS, LTD 2211 NORFOLK ST. SUITE 820 HOUSTON, TX 77098	ND ADDRESS	(Check if Filer's Home Address)	
² BUSINESS TYPE	FAMILY LIMITED PARTNERSHIP			
³ HELD, ACQUIRED, OR SOLD BY	⊠ FILER	X SPOUSE	DEPENDENT CHILD	Micropolation and Area
⁴ LIABILITIES	DESCRIPTION ACCRUED PAYROLL AND TAXES		j	GORY \$5,000 - \$9,999 \$25,000OR MORE
	COPY AND ATTACH ADDIT	IONAL PACES	S AS NECESSARY	

PERSONAL FINANCIAL STATEMENT PARTS MARKED 'NOT APPLICABLE' BY FILER

P.O. Box 12070

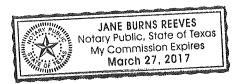
Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

	N/A	Part 1A - Sources of Occupational Income
X	N/A	Part 1B - Retainers
	N/A	Part 2 - Stock
X	N/A	Part 3 - Bonds, Notes & Other Commercial Paper
	N/A	Part 4 - Mutual Funds
	N/A	Part 5 - Income from Interest, Dividends, Royalties & Rents
	N/A	Part 6 - Personal Notes and Lease Agreements
	N/A	Part 7A - Interests in Real Property
	N/A	Part 7B - Interests in Business Entities
X	N/A	Part 8 - Gifts
X	N/A	Part 9 - Trust Income
X	N/A	Part 10A - Blind Trusts
X	N/A	Part 10B - Trustee Statement
	N/A	Part 11A - Assets of Business Associations
	N/A	Part 11B - Liabilities of Business Associations
X	N/A	Part 12 - Boards and Executive Positions
X	N/A	Part 13 - Expenses Accepted Under Honorarium Exception
X	N/A	Part 14 - Interest in Business in Common with Lobbyist
X	N/A	Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
X	N/A	Part 16 - Representation by Legislator Before State Agency
X	N/A	Part 17 - Benefits Derived from Functions Honoring Public Servant
X	N/A	Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verfied. The verfication page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, **2012**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by to certify which, witness my hand and seal of office.

____ this

10 14 day of Jun

, 20 <u>/**3**</u>,

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

From: (713) 874-0380 Jane Reeves Western Entertainment Mgmt, Inc 2211 Norfolk St. Suite 820 Houston, TX 77098

SHIP TO: (512) 463-5800

201 E 14TH ST

AUSTIN, TX 78701

Texas Ethics Commission

SAM HOUSTON BUILDING 10TH FLOOR

Origin ID: HOUA

Fed Express

BILL SENDER

Ship Date: 10JUN13 ActWgt: 0.5 LB CAD: 100753190/INET3370

Delivery Address Bar Code



Ref# Invoice# PO# Dept#

JUN 1 1 2013 MZ

Texas Ethics Commission

TUE - 11 JUN 3:00P

TRK# **7999**

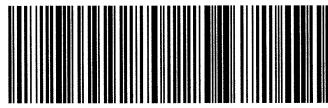
7999 6405 2980

STANDARD OVERNIGHT

0201

A8 AUSA

78701 TX-US AUS



518G1/D777/93AB



- 1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
- 2. Fold the printed page along the horizontal line.
- 3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com.FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.